

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4409

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

103

15 CE OF DEATH 6 AND 51 AL RESIDENCE 0202	1. PLACE OF DEATH A. COUNTY Yuma			2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Yuma		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Yuma)			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA life life		
1 ECEDENT PERSONAL DATA 145 0 754	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION Yuma General Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1015 2nd. Ave.		
	3. NAME OF DECEASED (TYPE OR PRINT) Henry Swift			4. SEX M 5. COLOR OR RACE White		
1 ECEDENT PERSONAL DATA 145 0 754	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH DAY YEAR Nov. 17 1908 45 7 28		
	8. AGE YEARS MONTHS DAYS 45 7 28			9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Ranch Worker		
1 ECEDENT PERSONAL DATA 145 0 754	9B. KIND OF BUSINESS OR INDUSTRY Ranching			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Yuma, Arizona		
	11. CITIZEN OF WHAT COUNTRY? U.S. A.			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		
1 ECEDENT PERSONAL DATA 145 0 754	13. SOCIAL SECURITY NO. no			14A. FATHER'S NAME Alex Swift		
	14B. BIRTHPLACE (STATE OR COUNTRY) Mass.			15A. MOTHER'S MAIDEN NAME Dolores Sambrano		
1 ECEDENT PERSONAL DATA 145 0 754	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona			16. INFORMANT'S SIGNATURE, ADDRESS, AND PHONE NO. Alex Swift 422 West 1st St. San Pedro Calif.		
	17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 15 1954			18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE, E.G., (a) (b) (c) 5811		
1 ECEDENT PERSONAL DATA 145 0 754	19. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		
1 ECEDENT PERSONAL DATA 145 0 754	21A. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) (COUNTY) (STATE)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
1 ECEDENT PERSONAL DATA 145 0 754	21F. HOW DID INJURY OCCUR?			22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 15, 1954, TO July 15, 1954, THAT I LAST SAW THE DECEASED ALIVE ON July 15, 1954, AND THAT DEATH OCCURRED AT 4:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE (DEGREE OR TITLE) Calvin M. Bergs, M.D.			23B. ADDRESS Yuma, Ariz.		
1 ECEDENT PERSONAL DATA 145 0 754	23C. DATE SIGNED 7/16/54			24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		
	24B. DATE 7-19-54			24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park Yuma, Arizona		
1 ECEDENT PERSONAL DATA 145 0 754	24D. LOCATION (CITY, TOWN, OR COUNTRY) (STATE) Yuma, Arizona			25A. DATE REC'D BY LOCAL REG. 7-17-1954		
	25B. REGISTRAR'S SIGNATURE Marie Nelson			26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Johnson Mortuary Inc. Box 310 Yuma, Arizona		
1 ECEDENT PERSONAL DATA 145 0 754	27. EMBALMER'S SIGNATURE R E Johnson			28. EMBALMER'S NO. 246A		